

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 18  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>AFSCME for Michigan</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>1625 L Street, NW</b>		Amount <b>172.87</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>D540147</b>
Purpose of Expenditure <b>Inkind Staff Travel</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>TERRI LYNN LAND</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>	
Calendar Year-To-Date Per Election for Office Sought <b>11472.92</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>AFSCME for Michigan</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>1625 L Street, NW</b>		Amount <b>264.17</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>D540148</b>
Purpose of Expenditure <b>Inkind Staff Travel</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>Gary Peters</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>	
Calendar Year-To-Date Per Election for Office Sought <b>17165.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>437.04</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*

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Date

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**09 / 22 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 18  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>AFSCME for Michigan</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>1625 L Street, NW</b>		Amount <b>293.09</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>D540153</b>
Purpose of Expenditure InKind Staff	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>TERRI LYNN LAND</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>	
Calendar Year-To-Date Per Election for Office Sought <b>11472.92</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>AFSCME for Michigan</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>1625 L Street, NW</b>		Amount <b>293.09</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>D540154</b>
Purpose of Expenditure InKind Staff	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>Gary Peters</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>	
Calendar Year-To-Date Per Election for Office Sought <b>17165.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>586.18</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>NCFO/SEIU 32BJ</b>			Date of Public Distribution/Dissemination		
Mailing Address 1212 Bath Ave Floor F&O			<div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 20 / 2014         </div>		
City Ashland State KY Zip Code 41101-2696			Amount		
Purpose of Expenditure InKind Staff Category/Type 001			<div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 20 / 2014         </div>		
Name of Federal Candidate MITCH MCCONNELL			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            22125.00         </div>			<input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>NCFO/SEIU 32BJ</b>			Date of Public Distribution/Dissemination		
Mailing Address 1212 Bath Ave Floor F&O			<div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 20 / 2014         </div>		
City Ashland State KY Zip Code 41101-2696			Amount		
Purpose of Expenditure InKind Staff Category/Type 001			<div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 20 / 2014         </div>		
Name of Federal Candidate ALISON LUNDERGAN GRIMES			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            22125.00         </div>			<input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            74.44         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            00 / 00 / 0000         </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            00 / 00 / 0000         </div>

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>			Date of Public Distribution/Dissemination	
Mailing Address 1775 K Street, NW			<div style="border: 1px solid black; padding: 2px; display: inline-block;">           09 / 20 / 2014         </div>	
City Washington	State DC	Zip Code 20006-1598	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">140.80</div>	
Purpose of Expenditure InKind Staff		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	<b>Transaction ID : D540158</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           09 / 20 / 2014         </div>	
Name of Federal Candidate Gary Peters			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">17165.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>			Date of Public Distribution/Dissemination	
Mailing Address 1775 K Street, NW			<div style="border: 1px solid black; padding: 2px; display: inline-block;">           09 / 20 / 2014         </div>	
City Washington	State DC	Zip Code 20006-1598	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">115.24</div>	
Purpose of Expenditure InKind Staff		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	<b>Transaction ID : D540161</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           09 / 20 / 2014         </div>	
Name of Federal Candidate TERRI LYNN LAND			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">11472.92</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">256.04</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>1775 K Street, NW</b>		Amount <b>265.68</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006-1598</b>	Transaction ID : <b>D540163</b>
Purpose of Expenditure <b>InKind Staff</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>ALISON LUNDERGAN GRIMES</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>22125.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>1775 K Street, NW</b>		Amount <b>265.68</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006-1598</b>	Transaction ID : <b>D540167</b>
Purpose of Expenditure <b>InKind Staff</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>MITCH MCCONNELL</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>22125.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>531.36</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>AFT Solidarity 527</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>	
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15.05</div>	
City Washington	State DC	Zip Code 20001	<b>Transaction ID : D540170</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>
Purpose of Expenditure InKind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate TERRI LYNN LAND	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">11472.92</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>AFT Solidarity 527</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>	
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15.05</div>	
City Washington	State DC	Zip Code 20001	<b>Transaction ID : D540174</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>
Purpose of Expenditure InKind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Gary Peters	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">17165.78</div>		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">30.10</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00484287</span> </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y</div> </div>	

Full Name of Payee <b>AFL-CIO</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 35.27	
City Washington	State DC	Zip Code 20006	<b>Transaction ID : D540177</b>
Purpose of Expenditure Walk Packets	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Name of Federal Candidate MITCH MCCONNELL	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: KY
Calendar Year-To-Date Per Election for Office Sought	22125.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>AFL-CIO</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 20 / 2014</div> </div>	
Mailing Address 815 - 16th Street, NW		Amount <div> <div>MM / DD / YYYY</div> <div>30.87</div> </div>	
City Washington	State DC	Zip Code 20006	<b>Transaction ID : D540182</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 20 / 2014</div> </div>
Purpose of Expenditure Walk Packets		Category/ Type 004	
Name of Federal Candidate Gary Peters		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
District: _____ State: MI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>17165.78</div> </div>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	66.14
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>AFL-CIO</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>815 - 16th Street, NW</b>		Amount <b>25.50</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>D540187</b>
Purpose of Expenditure <b>Walk Packets</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>TERRI LYNN LAND</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>	
Calendar Year-To-Date Per Election for Office Sought <b>11472.92</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>AFL-CIO</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>815 - 16th Street, NW</b>		Amount <b>35.27</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>D540193</b>
Purpose of Expenditure <b>Walk Packets</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>ALISON LUNDERGAN GRIMES</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>22125.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>60.77</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Ms. Elizabeth H Shuler

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**09 / 22 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 9 OF 18  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Voices of the American Federation of Government Employees</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>80 F Street, NW</b>		Amount <b>45.40</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D540207</b>
Purpose of Expenditure <b>InKind Staff</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>MITCH MCCONNELL</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>22125.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Voices of the American Federation of Government Employees</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>80 F Street, NW</b>		Amount <b>45.40</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D540213</b>
Purpose of Expenditure <b>InKind Staff</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>ALISON LUNDERGAN GRIMES</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>22125.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>90.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>AFSCME Indiana-Kentucky Organizing Committee 962 General Fund</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>	
Mailing Address 1424 N. Pennsylvania Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">195.05</div>	
City Indianapolis	State IN	Zip Code 46202	<b>Transaction ID : D540217</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>
Purpose of Expenditure InKind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate MITCH MCCONNELL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">22125.00</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>AFSCME Indiana-Kentucky Organizing Committee 962 General Fund</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>	
Mailing Address 1424 N. Pennsylvania Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">195.05</div>	
City Indianapolis	State IN	Zip Code 46202	<b>Transaction ID : D540218</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>
Purpose of Expenditure InKind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate ALISON LUNDERGAN GRIMES	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">22125.00</div>		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">390.10</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 11 OF 18  
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NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Retail, Wholesale and Department Store Union</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>		
Mailing Address 30 E29th St.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">64.32</div>		
City New York	State NY	Zip Code 10016	<b>Transaction ID : D540220</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>		
Purpose of Expenditure InKind Staff		Category/ Type 001	Name of Federal Candidate Gary Peters		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">17165.78</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: MI		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶					

Full Name of Payee <b>Michigan State AFL-CIO General Fund</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>		
Mailing Address 419 Washington Square, S. #200			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.23</div>		
City Lansing	State MI	Zip Code 48933	<b>Transaction ID : D540228</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>		
Purpose of Expenditure InKind Staff		Category/ Type 001	Name of Federal Candidate TERRI LYNN LAND		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">11472.92</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: MI		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶					

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">94.55</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 12 OF 18  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Michigan State AFL-CIO General Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>		
Mailing Address <b>419 Washington Square, S. #200</b>			Amount <b>30.23</b>		
City <b>Lansing</b>	State <b>MI</b>	Zip Code <b>48933</b>	Transaction ID : <b>D540229</b>		
Purpose of Expenditure InKind Staff		Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>		
Name of Federal Candidate <b>Gary Peters</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>		
Calendar Year-To-Date Per Election for Office Sought <b>17165.78</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Mosaic</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>		
Mailing Address <b>4801 Viewpoint Place</b>			Amount <b>90.00</b>		
City <b>Cheverly</b>	State <b>MD</b>	Zip Code <b>20781</b>	Transaction ID : <b>D540240</b>		
Purpose of Expenditure Fliers		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>		
Name of Federal Candidate <b>MITCH MCCONNELL</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>		
Calendar Year-To-Date Per Election for Office Sought <b>22125.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>120.23</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 13 OF 18  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee <b>Mosaic</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> 09 / 20 / 2014	
Mailing Address 4801 Viewpoint Place		Amount <table border="1" style="display:inline-table; margin:0 5px;">90.00</table>	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D540241
Purpose of Expenditure Fliers	Category/Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> 09 / 20 / 2014	
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: KY	
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;">22125.00</table>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>United Steelworkers of America Political Action Fund</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> 09 / 20 / 2014	
Mailing Address Political Action Fund Voluntary Ac 5 Gateway Center		Amount <table border="1" style="display:inline-table; margin:0 5px;">318.37</table>	
City Pittsburgh	State PA	Zip Code 15222	Transaction ID : D540249
Purpose of Expenditure Inkind Staff Travel	Category/Type 002	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> 09 / 20 / 2014	
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: KY	
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;">22125.00</table>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;">408.37</table>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 14 OF 18  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>United Steelworkers of America Political Action Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>Political Action Fund Voluntary Ac</b> <b>5 Gateway Center</b>		Amount <b>1427.72</b>	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D540251</b>
Purpose of Expenditure <b>InKind Staff</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>MITCH MCCONNELL</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>22125.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>United Steelworkers of America Political Action Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>Political Action Fund Voluntary Ac</b> <b>5 Gateway Center</b>		Amount <b>194.07</b>	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D540258</b>
Purpose of Expenditure <b>Inkind Staff Travel</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>Gary Peters</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>	
Calendar Year-To-Date Per Election for Office Sought <b>17165.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1621.79</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 15 OF 18  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>United Steelworkers of America Political Action Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>Political Action Fund Voluntary Ac</b> <b>5 Gateway Center</b>			Amount <b>256.39</b>	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D540259</b>	
Purpose of Expenditure <b>InKind Staff</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>Gary Peters</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>17165.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>United Steelworkers of America Political Action Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>Political Action Fund Voluntary Ac</b> <b>5 Gateway Center</b>			Amount <b>256.39</b>	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D540270</b>	
Purpose of Expenditure <b>InKind Staff</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>TERRI LYNN LAND</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>11472.92</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>512.78</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 16 OF 18  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>United Steelworkers of America Political Action Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>Political Action Fund Voluntary Ac</b> <b>5 Gateway Center</b>		Amount <b>24.26</b>	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D540271</b>
Purpose of Expenditure <b>Inkind Staff Travel</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>TERRI LYNN LAND</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>	
Calendar Year-To-Date Per Election for Office Sought <b>11472.92</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>United Steelworkers of America Political Action Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>Political Action Fund Voluntary Ac</b> <b>5 Gateway Center</b>		Amount <b>1427.72</b>	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D540272</b>
Purpose of Expenditure <b>InKind Staff</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>ALISON LUNDERGAN GRIMES</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>22125.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1451.98</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 22 / 2014**

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 17 OF 18  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>United Steelworkers of America Political Action Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>Political Action Fund Voluntary Ac</b> <b>5 Gateway Center</b>		Amount <b>318.37</b>	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D540273</b>
Purpose of Expenditure <b>Inkind Staff Travel</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>ALISON LUNDERGAN GRIMES</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>22125.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>100 Indiana Avenue, N.W.</b>		Amount <b>538.63</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D540284</b>
Purpose of Expenditure <b>InKind Staff</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>ALISON LUNDERGAN GRIMES</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>22125.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>857.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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Date

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**09 / 22 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 18 OF 18
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>100 Indiana Avenue, N.W.</b>		Amount <b>538.63</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D540290</b>
Purpose of Expenditure <b>InKind Staff</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>MITCH MCCONNELL</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>22125.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>538.63</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>8128.30</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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Date

MM / DD / YYYY
09 / 22 / 2014

Signature